ITS Committee – Understanding the ITS Population

Members: Dr. John Capuco, Melissa Marquis, Dr. Laurie Guidry, Becky Bryant

October 31, 2017 Meeting Minutes

(Present via Phone: Dr. John, Dr. Guidry, Melissa Marquis; Becky Bryant)

Committee Goals

- Provide definition and profile of an ITS Individual ***(Complete, we are staying with the COP Definition)***
- Answer the question of whether an "ITS Individual' needs to be with an "ITS Provider" ***(This Committee recommends a strong yes.)***
- Define ITS Program versus ITS Provider ***(There are "programs" happening throughout the state, such as Broader Horizons, that are acting as an ITS provider and need to step up and be identified as such.)***
- Does an individual identified as ITS need to be in an ITS Program? ***(N/A as we do not want "ITS Programs" to remain unidentified as "ITS providers")***
- If all ITS type programs are to self-identify as an ITS Provider, do they need to be required to be at COP?

Task List

- Put a Business Associate's Agreement in place with Dr. Guidry
- Next meeting date November 21st 12:30 pm: 1-866-951-1151 Room # 5809896

Meeting Work

- Re-group, where do we go from here?
- Continue having Dr. Guidry work through data, finding trends, commonalities. 150 cases of data next working on analysis
- We would like to know who has "failed" at Enhanced Family Care. Why did they, was it the individual or the provider? Where do they go when they "fail?" Frame questions in e-mail amongst this committee first.
- Need initial screening at intake to assess risk? How is someone referred? Intake, Internal Risk process? Ask AA's
- Does substance misuse get added? Only if it results in a behavior that fits current definition. (We do not add suicidal either, the net would get too broad) Risk assessment is when we see potential for individual to harm someone.)

ITS Committee – Understanding the ITS Population

Members: Dr. John Capuco, Melissa Marquis, Dr. Laurie Guidry, Becky Bryant

August 15, 2017 Meeting Minutes

(Present via Phone: Dr. John, Dr. Guidry, Becky Bryant)

Committee Goals

- Provide definition and profile of an ITS Individual ***(Complete, we are staying with the COP Definition)***
- Answer the question of whether an "ITS Individual' needs to be with an "ITS Provider" ***(This Committee recommends a strong yes.)***
- Define ITS Program versus ITS Provider ***(There are "programs" happening throughout the state, such as Broader Horizons, that are acting as an ITS provider and need to step up and be identified as such.)***
- Does an individual identified as ITS need to be in an ITS Program? ***(N/A as we do not want "ITS Programs" to remain unidentified as "ITS providers")***
- New question to be answered: If all ITS type programs are to self-identify as an ITS Provider, do they need to be required to be at COP?

Task List

- Put a Business Associate's Agreement in place with Dr. Guidry
- Need to ask Allison if we can diver deeper into the data from the survey? (John)
- Draft Packet for AA's template for a local summit to be distributed at September Summit
- Draft Report for Summit
- Next meeting date Sept 12th 9 am: 1-866-951-1151 Room # 5809896

Meeting Work

- How do we integrate with statewide work, CSNI, etc.?
- Dr. Guidry working through data, finding trends;
  - bimodal distribution, older aging out younger aging in,
  - sample is getting younger,
  - anti-socially, aggression, consist existence of mental health, anxiety, comorbid substance misuse issues, pervasive mood issue
- Dr. John – Survey review;

    - 216 individual identified by the survey, as high risk (moderate to high sexual offending or consistent and significant violent behavior)
    - 31 in ITS programs
    - 12 in jail NHH or SPU
    - 22 in out of state placement
    - Where are the remaining 151 being served?
- ITS services happening outside of those identified at Community of Practice as ITS Providers in NH (Broader Horizons?)
- We would like to know who has "failed" at Enhanced Family Care. Why did they, was it the individual or the provider? Where do they go when they "fail?"
- Move forward with the definition used for this survey (criteria for risk assessment)
- Our work is really to continue to dive into the data we have and define the pervasive issues within the bi-modal population to guide how we address systems required to appropriately serve this population.
- Need initial screening at intake to assess risk? How is someone referred?
- Does substance misuse get added? Only if it results in a behavior that fits current definition. (We do not add suicidal either, the net would get too broad) Risk assessment is when we see potential for individual to harm someone.)
- Court, communities etc. need to be better educated as to what the "system" does and does not do?
- What is the realistic expectation of the DD system?

Recommendations developing for the Summit in September

1. Our recommendation for the Summit for September is for Area Agency's to hold Local summits to educate stakeholders around the population and the role of the AA versus all the other community partners.

ITS Committee – Understanding the ITS Population

Members: Dr. John Capuco, Melissa Marquis, Dr. Laurie Guidry, Becky Bryant

June 22, 2017 Meeting Minutes

(Present via Phone: Dr. John, Dr. Guidry, Becky Bryant)

Committee Goals

- ❖ Provide definition and profile of an ITS Individual
- ❖ Answer the question of whether an "ITS Individual' needs to be with an "ITS Provider"
- ❖ Define ITS Program versus ITS Provider
- ❖ Does an individual identified as ITS need to be in an ITS Program?

Task List

- o Put a Business Associate's Agreement in place with Dr. Guidry
- o Get list of individuals placed in Florida to Dr. Guidry
- o Dr. Guidry to begin building composites based on groupings of Florida, DRF, Broader Horizons, etc.
- o Survey the population to better define who/challenges/psychiatric diagnosis?
- o Survey – Obtain CSNI results of most recent data collection
- o Still need a next meeting date

Meeting Work

Group work/open converstion tabling definitions for the time being and moving on to the charge of "ITS Individuals, What can they tell us?

- Does funding match client needs? Is there a way for us to look at cluster groups and break down in high risk/high needs,
- Will understanding the client help us develop base rates?
- Rates attached to levels of service
- DRF (perimeter fence, closed doors, alarmed, higher staff ratio, intensive treatment) then work your way down to less intensive
- Criteria – setting, but EFC might need more than residential
- Need to start with Statewide data
- Develop profiles from assessments?

- Use DRF as base and move out from there?
- Pyramid approach, DRF, Broader Horizons, Out of state, ITS placements, current groupings
- Why does ITS Population keep coming back to "Risk Management?"
- Treatment and Risk go hand in hand
- Do not define ITS by Risk, define by needs
- Link definitions to treatment
- Progression of treatment? Historically there has not been a lot of treatment therefore no expectation of progress
- Distinction between those who should be expected to progress versus not

ITS Committee – Defining the ITS Client

Members: Dr. John Capuco, Melissa Marquis, Dr. Laurie Guidry, Becky Bryant

April 20, 2017 Meeting (Present via Phone: Dr. John, Dr. Guidry, Becky Bryant)

- Population we serve now
- How this population is changing
- Broadening lens
- Dr. Guidry – looking at trauma in a different way, move from behavioral approach to addressing trauma
- ITS label? Definitions?

The agenda for this meeting is:

1. Identify a leader for the committee (Becky Bryant)

2. Establish goals for the committee. What do we want to accomplish and how do we go about doing so.

3. Is there information that is required to move forward to meet the goals?

4. Set a schedule for future meetings

5. Other

May 9, 2017 Meeting (Present via Phone: Dr. John, Melissa Marquis, Becky Bryant)

- John C asked Sandy about work from MCO Survey, will follow up
- List of all committees from ITS Summit? John will bring up to Steering Committee
- Discussion of dynamic risk, containment versus absence of problematic behavior
- Next meeting 5/30 9-10, John C to send out invite
- Define ITS Client (Becky to Ask Allison and work on definition of "At Risk" under it will be "ITS" will pass around definition in very draft from before next call for us all to work on)
- Survey – Start with examples from Reg 3, we will pass around in e-mail before next call
- CSNI List – John C will get this

Defining The ITS Population: What can they tell us

4/20/2017

Laurie Guidry

Becky Bryant

INTRODUCTIONS/ Why chose this committee

Laurie Guidry: It is critical to understand the current population and how it is changing.

Important to have a longer view as the individuals we support become increasingly complex

Need to look at trauma through a broader lens.

> Currently predominant use of a behavioral approach. This approach is not effective in dealing with the effects of trauma and psychiatric issues, depression, anxiety etc. There is a need to address these issues in a more clinically appropriate manner, not just through behavioral interventions. Treatment needs to be more than containment.

Want to paint a picture of the current and emerging population from this broader lens.

Becky: as a non-clinical person in an administrative position this information is important in order to make the right programmatic and clinical decisions. There is an advantage to being an outsider: Not committed to one approach. Need to redefine this population

Goals

Painting a picture of current and emerging populations from this broader lens.

> Need data that was collected in preparation for talks with MCO. Need to update this data.

Identify the entire referral stream to better understand and prepare for future referrals.

Those currently being supported, how are they getting their clinical needs met.

> What treatments are they getting and with whom?
>
> Who is providing psychopharmacology services?
>
> What is their qualifications/experience with this population?

Define who the population is that we are speaking of.

What does ITS mean? What does forensic mean? What does level of risk mean?

How do we define level of risk?

Does this include anyone who needs a risk assessment?

Language is critical. ITS Vs. forensic. Need to name them what we mean

Need to operationally define the terms.

Looking at not just high risk. Risk lives on a continuum and is related to not only security measures, supervision but treatment related to decreaseing dynamic risk factors. Not just related to containment.

Need to get information from CSNI on 175 individual how do we update.

In looking more closely at this population, do we initially want to look at a smaller subset, for example, individuals that Dr. Guidry has evaluated, and/ or Region 3 population?

Dr. Guidry envisions overlapping circles: who is included in what within an overarching view of who we are supporting

Recommended that a matrix of the different committees be developed to minimize duplication of effort.

What the committee needs:

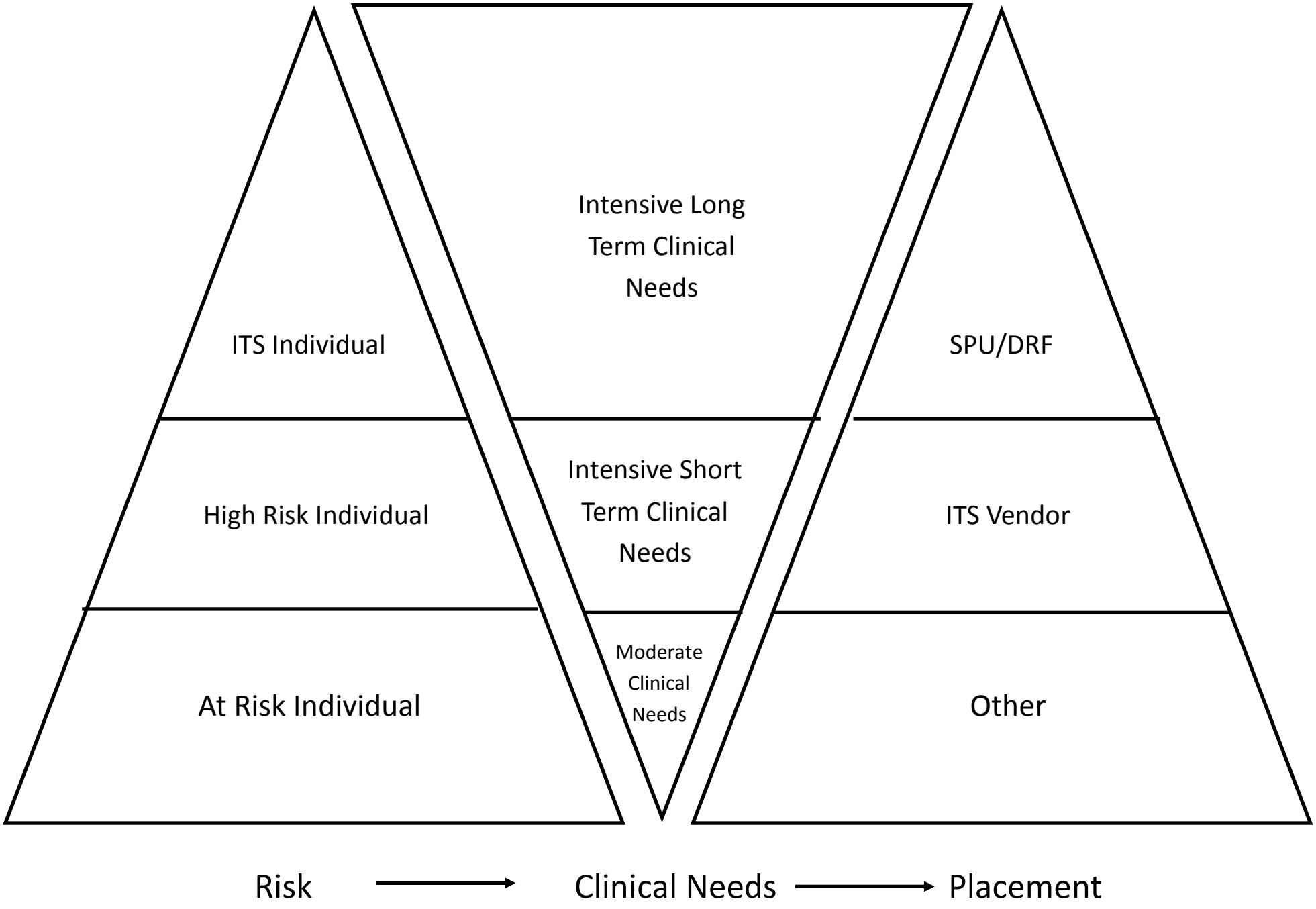
High cost survey template

Need information from CSNI on 175 =/- individuals that have been identified as having at risk behaviors. Need to update.

Need data that was collected in preparation for talks with MCO. Need to update this data Allison Data

Committee Leader: Becky has agreed to do so on a temporary bases as we better define the goals of the committee and the work load.

John: Send out potential times for next meeting



Defining the ITS Individual